Nurse-Family Partnership
Helping First-Time Parents Succeed®

On behalf of the Nurse-Family Partnership National Service Office (NFP-NSO), thank you for the recent update on the status of Illinois' Medicaid 1115 waiver and for outlining specific pathways in the proposed waiver that lay the foundation for better integration of evidence-based home visiting programs like Nurse-Family Partnership® (NFP) into the health care system.

The NFP-NSO supports the State's goals for the proposed *Path to Transformation Waiver* and sees a potential role for NFP in the following areas:

- support linkages between health care delivery systems and services that directly impact key social determinants of health;
- create incentives to drive development of integrated delivery systems that build on patient centered health homes and existing managed care models; and
- promote population health management through the encouragement of linkages between public health and health care delivery systems.

Nurse- Family Partnership® is an evidence-based nurse home visiting program that supports first-time mothers living in poverty by pairing expectant mothers with a registered nurse who provides home visits from early in pregnancy until the child's second birthday. The NFP model has three major goals: 1) to improve pregnancy and birth outcomes by helping women improve their prenatal health, 2) improve child health and development by helping parents provide responsible and competent care, and 3) improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

As a rigorous evidence-based and performance-driven program, NFP can help Illinois achieve the goals of the proposed *Path to Transformation Waiver* and the Triple Aim. NFP's best-in-class intervention for high-risk pregnant women and their children make it an ideal candidate for participation in Illinois' 1115 waiver. Our general recommendations, consistent with waiver goals and pathways are as follows:

- Include coverage and reimbursement for NFP as part of the 1115 Waiver;

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- Develop policies that support integration of evidence-based, home-visiting programs like NFP, within managed care entities and new integrated care models;
- Create incentives for managed care entities, hospitals, FQHCs and new integrated care models to offer directly or contract with evidence-based, home visiting programs like NFP, to provide health supportive services to high risk populations;
- Evaluate the effectiveness of evidence-based, home visiting services in improving maternal and child health outcomes, the experience of care, and cost savings both to Medicaid and the State; and
- Otherwise ensure that NFP home visiting is integrated into the continuum of comprehensive care for vulnerable populations covered by the waiver.

NFP has a long history of demonstrated success in achieving positive outcomes for its target population. Multiple evaluations—including three well-designed randomized controlled trials that began in 1977, 1988, and 1994 with different populations and geographies—have consistently demonstrated the significant and sustained impact of the NFP model.[i] Independent analyses have validated NFP's track record and deemed NFP as an intervention with a positive return-on-investment.[ii] NFP was the only program to earn a "strong" level of confidence ranking by the not-for-profit, non-partisan Coalition for Evidence-Based Policy following an evaluation of eight models included in the Maternal Infant and Early Childhood Home Visiting Program.[iii]

A recent report and "Return on Investment Calculator," developed by Dr. Ted Miller of the Pacific Institute for Research and Evaluation provides one of the most current and comprehensive analyses of NFP outcomes, costs, and return on investment to-date. Based on a review of studies evaluating the effectiveness of NFP, including randomized controlled trials, evaluation studies and large-scale replication data, Miller predicts that NFP can achieve the following outcomes, as well as a number of others, if brought to scale in Illinois:

- 29% reduction in first preterm births (< 37 weeks gestation);
- 61% reduction in risk of infant death (3.8 fewer deaths per 1,000 families served);
- 39% reduction in injuries treated in emergency departments, ages 0-2;
- 24% increase in full immunization, ages 0-2;

- 7% reduction in person-months of Medicaid Coverage through at least year 15 post-partum due to reduced births and increased program graduation; and
- 8% reduction in costs if on Medicaid through age 18.

Miller also predicts that NFP can impact key social determinants of health as evidenced by cost savings for both the federal and state government through reduced use of food stamps, lower TANF payments, fewer persons-months on Medicaid and lower expenditures for healthcare while on Medicaid.

NFP naturally aligns with patient-centered medical and health home models. The NFP model combines case management/care coordination with preventative services, including nursing assessments and screenings, incidental direct services, and health education and guidance within the scope of practice of a registered nurse. When aligned with health care, we believe that NFP can help managed care entities, health care providers like hospitals and FQHCs, and new integrated care delivery models with:

- Achieving compliance with prenatal and pediatric care standards;
- Care coordination/care management;
- Ongoing health, psychosocial, and environmental assessments;
- Anticipatory guidance and preventive services as needed;
- Early identification of problems and swift intervention;
- Referral to and coordination of other care and services as needed; and
- Timely patient-centered communication and information exchange with primary care providers.

A hallmark of the NFP program is its ability to measure, monitor and analyze metrics and to use data to drive quality improvement and program efficiencies. NFP monitors many of the same quality and outcome measures used by managed care entities, health care providers and new integrated care models, including some of those prescribed by HEDIS, CHIPRA and NCQA's criteria for Patient-Centered Medical Homes.

NFP is a recognized prevention program that could be an integral component of Regional Public Health Hubs and is currently operational in DuPage, Kane, Lake, Cook, Jefferson and Marion Counties in Illinois. Current NFP providers include the DuPage, Kane and Lake County Departments of Public Health, Mercy Hospital and United Methodist Children's Home of Southern Illinois.

We applaud the focus on patient-centered health homes that will offer comprehensive, person-centered, accountable care and want NFP to be part of that system. Our specific recommendations for the Waiver include the following:

- Explicitly acknowledge that the health and well-being of mothers and children is fundamental to overall population health.
- Explicit identify evidence-based, home visiting programs like NFP as an example of the kind of community-based, public health interventions that should be expanded and integrated with managed care and other integrated care delivery models, such as accountable care entities.
- Include in the Waiver the concept of Pregnancy/Early Childhood Health Homes for high-risk pregnant women and their children, whereby evidence-based home visiting programs like NFP are linked and coordinated with the clinical care received by high risk pregnant women and their children, particularly in high perinatal risk communities.
- Authorize Delivery System Reform Incentive Payments (DSRIP) for projects that include evidence-based, home visiting models like NFP in new integrated care delivery models. Incentivize eligible providers to establish new NFP programs or contract with existing NFP implementing agencies to help address the social determinants of health and improve maternal and child health outcomes within their communities.
- Provide more clarity in the Waiver on who will be eligible to apply for DSRIP and the specific metrics to be used for DSRIP projects. Please allow for some process metrics, especially initially, to enable the start-up of more integrated care delivery models, consistent with the goals of the Waiver.
- Include state expenditures for NFP and other evidence-based home visiting programs as State Designated Health Programs.

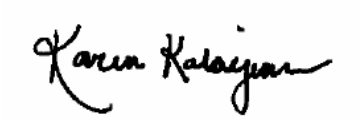
Because of its strong evidence of effectiveness, NFP is well-positioned to participate in managed care expansions, pay-for-success initiatives and other new integrated health care delivery models that focus on achieving improved quality while reducing costs. The NFP-NSO is actively pursuing new relationships with managed care plans, federally qualified health centers and emerging integrated care delivery models across the country. Some states like South Carolina and New York have independently recognized the value of investing

in NFP as part of their health care reform efforts. For example, South Carolina has decided to use withheld capitation payments to offer financial incentives to Medicaid managed care plans for members enrolled in NFP; and New York has included NFP as one of 25 programs eligible for Delivery System Reform Incentive Payments (DSRIP) to reduce avoidable hospitalizations in its 1115 Waiver amendment, which is currently pending CMS approval. We would like to see Illinois employ similar tactics.

We hope that the State will find a way to use DSRIP to help bring NFP to scale in targeted high-risk communities because we believe that this would demonstrate the population-based benefits our program promises and provide sufficient justification for expanded Medicaid coverage of NFP services statewide at the conclusion of the waiver. Furthermore, we view DSRIP as an opportunity to bring NFP programs to new areas across the state and to help the State and CMS achieve the Triple Aim.

Thank you for the opportunity to comment on the proposed Waiver.

Sincerely,



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[i] See http://www.nursefamilypartnership.org/proven-results/published-research, including Kitzman et al, Journal of the American Medical Association, 278:8, 644-652, 1977; Olds et al, Pediatrics, 77:1, 16-28, 1986; Olds et al., Pediatrics, 110:3, 486-496, 2002.
[ii] Miller TR. Nurse-Family Partnership Home visitation: costs, Outcomes, and Return on Investment. Calverton, MD: Pacific Institute for Research and Evaluation, April 2013. Available at http://pewstates.org/research/reports/solving-social-ills-through-early childhood-home-visiting-85899444614.
[iii] Coalition for Evidence-Based Policy report at http://coalition4evidence.org/wp-content/uploads/Review-of-8-hv-models-Aug-2011-FINAL.pdf